

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO. 10-049,278  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1							51			
2							52			
3							53			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			

Best Available Copy